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The Charitable Behavior of San Francisco Bay Area Physicians

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by Anne Bubnic

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ABSTRACT

Title: THE CHARITABLE BEHAVIOR OF SAN FRANCISCO BAY AREA PHYSICIANS

As the highest-paid professionals in our society, physicians represent a unique and interesting segment of the American population. Surprisingly little information is available on the actual charitable interests and giving patterns of medical practitioners, but then few studies have been done on populations of wealthy individuals. Knowledge of physicians' charitable behavior is limited to their provision of medical care without remuneration, but no relationships have been developed between these activities and other charitable practices.

A mail survey of 1,451 physicians in the San Francisco Bay Area was conducted during the months of September - October, 1986 to gather information on the charitable practices of physicians within 12 areas of giving and 9 areas of volunteer work. There were 531 respondents and 920 non-respondents, for a 37% response rate. The size of the random sampling and respondent populations has been determined to be sufficient to provide data confidence at the .05 level.

One hundred percent of the physician respondents made charitable contributions in 1985 and they gave an average of 2.5% of their annual income. They made an average of 15.7 gifts to charity in 1985, for a mean total of $2,691. The study shows that physicians are heavily solicited and that they respond to many charities. As income levels and total contributions to charity increased, physicians have a tendency to increase the number, rather than the size, of their individual gifts. The research concludes that the philanthropic interests of physicians extend to many areas and that doctors are far more charitable than is generally recognized. A closer targeting of the physician donor market, however, will be required to enhance the effectiveness and efficiency of those nonprofit agencies seeking to establish or maintain a base of their support. Because doctors are already so heavily solicited, recommendations were made that development professionals and volunteers consider the personal and professional characteristics of physicians when identifying them as donor prospects rather than targeting doctors for gifts solely on the basis of their occupation. Physicians respond to charitable solicitations when they have personal interests in the cause and when they have been solicited by someone they know well.

This research was undertaken in partial fulfillment of the requirements leading to the degree of Master of Public Administration at the University of San Francisco. The findings are extracted from the master's thesis entitled *"A Study of the Infuence of Income, Worksetting and Medical Specialty on the Charitable Behavior of San Francisco Bay Area Physicians."* The author wishes to acknowledge the valuable comments of Paul Harder, Barbara Marion, CFRE and Michael O'Neill, Ph.D. in support of the original manuscript for this work and the editorial assistance of Kathy Witty for the current document.

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I. BACKGROUND

Philanthropy in America has been found in all economic levels of society, in all occupations, all races, all religions, and ethnic backgrounds. A recent national study on the "Charitable Behavior of Americans" showed that 89% of all Americans surveyed made charitable contributions in 1984 and that these contributions represented an average of 2.4% of their annual household income (Yankelovich, Skelly, & White, Inc., 1986). The study, published by the Independent Sector, identified married individuals between the ages of 35 and 64, earning $50,000 or more as the group which was likely to commit the most personal resources to charity.

As members of the highest paid profession in our society, physicians represent a unique and interesting segment of the American population. The high prestige of their profession in our society confers on all physicians a secure place in the upper-middle class. For some, lineage and wealth further enhance this position (Colombotos & Kirschner, 1986). Physicians easily fit the profile of wealthy individuals and of large donors, yet there is a good deal of skepticism on the part of volunteers and professional staff who regularly solicit for contributions. We are frequently told that "physicians don't give according to their means."

This paper attempts to fill a void in the amount of specific information that is available on the giving patterns, preferences, and peculiarities of medical professionals in terms of charitable dollars. It provides a review of the literature on the history of philanthropy among physicians, reports on the findings of a questionnaire administered by mail to 1,451 San Francisco Bay Area physicians during the months of September-October, 1986, and arrives at a set of recommendations for increasing the charitable dollar contributions from doctors .

The findings of this working paper are extracted from original research of the author which was conducted as a master's thesis project at the University of San Francisco and which has provided a comprehensive analysis of *"The Influence of Income, Worksetting, and Medical Specialty on the Charitable Behavior of Physicians in the San Francisco Bay Area.,"* (Bubnic, 1987).

The earlier study evaluates the personal and professional characteristics of physicians and determines the influence of these characteristics on the personal giving habits and philanthropic interests of physicians in a six-county region of the San Francisco Bay Area. It analyzes giving patterns among medical professionals in terms of both charitable dollars and volunteer activities. Findings are reported for 12 areas of philanthropy and nine areas of volunteer activity and profiles are established for giving and volunteering in each of the areas of support. This paper will be limited to a discussion of the findings related to monetary support. It will also interpret the affect of religious giving on giving to other areas of philanthropy and will report on donor motivations and preferred methods of solicitation.

II. SIGNIFICANCE OF THE STUDY

A review of the literature gives us a broader understanding of the social history of medicine, the predictions for its future, and the implications for charitable giving. Analysis of the data will help provide a clearer understanding of the physician motivations and behaviors that influence giving and will also provide nonprofit organizations interested in gaining support of the medical community with new marketing tools to plan their solicitations more effectively. There are a number of key issues which make this research of special significance:

A. **Physicians are the highest-paid professionals in our society.**

There are over 500,000 physicians in America's workforce population and they represent two percent of its richest families. In 1984, the average "real" physician income (after adjustment for inflation) was $104,000 per year. Eleven percent of all medical practitioners made over $200,000 per year and some specialists such as cardiac specialists doing bypass surgery, had annual salaries in excess of $500,000 per year (AMA Socioeconomic Report, August, 1984). To put things in perspective, only 15% of all wage earners in the country make over $100,000 and only one percent make over $150,000 per year (Wright, 1985).

B. **There are no empirical studies on the charitable behavior of physicians.**

Surprisingly little data is available on the actual charitable interests and giving patterns of physicians, but then, few studies have been done on populations of wealthy individuals. Problems of access have greatly limited research in this area. Even research specifically designed to study the relationships of income and philanthropy has been forced to settle on relatively low definitions of the "upper income" category in order to assure an adequate size of sample. Knowledge of physicians' charitable behavior has been limited to reports on their provision of care without remuneration, but no relationships have been developed between these activities and other charitable practices.

C. **Demographically, doctors fit the profile of "givers" that has been established by the study on the "Charitable Behavior of Americans."** The recent national study showed that 89% of all Americans surveyed made charitable contributions for an average of 2.4% of their annual household income in 1984 (Yankelovich, Skelly & White, Inc., 1986). The best donor prospects were married, between the ages of 35-64, with a combined annual household income of $50,000 or more. Based on income level, marital status, and age group, most physicians easily fit into the parameters that would define them as good donor prospects. The study confirms that

patterns of giving tended to increase with age, education, income, and occupational status and suggests that there is still much more room for both increased individual giving and volunteering in America.

D. **Physicians are involved in work that has a human service orientation.** Physicians are concerned with matters close to health, life, and death. They have been educated in the tradition of concern for the poor, the chronically ill, and the disadvantaged. They have a commitment and dedication that is shared by few other vocations and a special social responsibility that extends beyond the practice of medicine. Physicians are a natural subject for a study of charitable behavior.

E. **There is a prevailing attitude among fund raisers that physicians are uncharitable.** Development officers frequently share anecdotal evidence that doctors are singularly uncharitable and that they have a level of participation in social, religious, educational and other community activities. Nonprofit hospitals allege that physicians are their least charitable donor market. In most hospitals, a quick study of donors will reveal the medical staff as a largely undeveloped source of philanthropic support.

F. **External forces have been reshaping the practice of medicine for the last decade and have created a new medical practice environment which is more competitive and which will require new survival tactics.** Competition in the delivery of health care services and the push for quality care at reasonable cost may actually create some benefits and opportunities for nonprofit groups. Increased competition and a concern over their "public image", physicians will consider new marketing strategies based on community service and many opportunities for cause-related marketing will emerge. A surplus of physicians by the next decade has already been projected.

Many doctors may actually choose to have shorter work hours, which will make them more accessible. This will open up new opportunities for their community involvement.

G. **There is an exceptionally high ratio of physicians-to-patient population in the San Francisco Bay Area.** There are 17,000 physicians engaged in the practice of medicine in a six-county area that includes San Francisco, Marin, San Mateo, Alameda, Contra Costa, and Santa Clara counties. Data from a 1983 survey of California physicians, provided by the California Medical Association, indicates a break-down of physicians per 100,000 population as follows: Marin (397.9), San Francisco (629.1), San Mateo (245.7), Alameda (248.1), Contra Costa County (201.8), and Santa Clara (261.3). This compares with a national average of 218 physicians per 100,000 population (American Medical Association, March, 1984). A high ratio of physicians is in part due to the fact that large urban areas are the preferred practice environment for the majority of physicians. It is also due to the high concentration of specialists practicing in centralized facilities that offer secondary and tertiary services, i.e., the teaching institutions of the University of California, San Francisco and Stanford University Medical Center.

H. **The San Francisco Bay Area is home to over 3,500 nonprofit organizations.** Approximately 106 agencies per 100,000 residents compete for charitable dollars in the same metropolitan area (Harder, Kimmich & Salamon, 1985). Many of these agencies have suffered extensively in a period of government cutbacks brought on by the Reagan administration and are being forced more and more frequently to turn to individuals for their support.

REVIEW OF THE LITERATURE

A search of the literature for topics related to the charitable giving behaviors of physicians was conducted by the Division of Library and Information Management of the American Medical Association. Two databases from the National Library of Medicine were used for the literature search: Medline (1980-present) and History of Medicine (1966 to present). An additional search was completed on Socioeconomic Information Base (1972-present). The Socioeconomic Information Base, a data base of the AMA, is a monthly compilation of current information in the area of sociology and economics of medicine. Source documents include pamphlets, journal articles, books, reports, legislation, and unpublished speeches. The review of the literature will focus on four primary areas: Medical Philanthropy in the early 1900's; Physicians and Charity; The Making of a Physician; and The Changing Practice of Medicine.

Medical Philanthropy in the Early 1900's

It is interesting to note that private philanthropy figured very prominently in the growth and construction of medical schools and hospitals across the country and in support of medical research in the 1930's. During that time, medicine was the most vigorously supported of any cultural, scientific or humanitarian activity (Brown, 1979). Few concerns had such an enduring claim on the public as their health. Philanthropists like Carnegie and Rockefeller provided capital support in excess of $91 million for medical schools and medical education (Starr, 1982). Other wealthy patrons also came forward with support of their local medical school.

Many philanthropists were businessmen or industrialists, but a few, including the deans of the University of Cincinnati College of Medicine and Rush Medical College, were physicians

(Ludmerer, 1985). Medical educators aggressively solicited for funds from local philanthropists, state legislatures, and the large, national foundations. Physicians also wrote numerous articles and books for the lay public with titles such as "The Service of Medicine to Cultivation," Medical Research and Human Welfare," and "The Benefits of the Endowment of Medical Research" to generate support for their cause (Ludmerer, 1985). University presidents, medical school deans, and prominent medical faculty members of the 1930's and 1940's were "institution-builders" and fervid in their efforts at medical fund raising.

In the early 1900's, private medical philanthropy built many of the hospital and research facilities, provided fellowships for the training of scientists, subsidized rapidly expanding medical research programs, and helped to educate the public about the need for medical research. For heads of medical schools, clinical faculty members, and those engaged in medical research, it secured both their positions and the financial footing of American medical education. For the private philanthropists, scientific philanthropy had much to do with the faith that "modern" medicine worked, that the proper training of a physician mattered, and that experimental research offered the hope of even greater achievements in the future.

Physicians and Charity

The literature search failed to yield any voluminous amounts of information from which one could discern and explicate principles which might guide action for further study. However fund raising is just beginning to gain recognition as a profession, so there has only been a minimum amount of research done in this field. Giving by occupational sectors of society remains a vastly unexplored area.

The majority of articles on physicians and charity address the topic of charity as "uncompensated care" ("Uncompensated Medical Services Provided by Physicians and

Hospitals," 1985; Owens, 1973; Culler, 1986). A few other papers appear on the topic of medical missions in rural Mexico, Afghanistan, and Ethiopia but involve the dedicated efforts of a minority of the 500,000 physicians in the United States.

With the growth of for-profit hospitals and development of alternative health delivery systems, uncompensated medical care provided by doctors in private practice worksettings and between different types of hospitals has increased significantly in recent years. AMA studies have documented that although a disproportionate share of "charity care" is now being provided by public hospitals, 76.8% of physicians in private practice provided "some free or reduced care" in 1982 (AMA House of Delegate Proceedings, 1984).

At least part of the increased level of charity care provided by physicians was due to organized efforts by nearly 100 medical societies and other groups to aid victims of economic recession: the poor, the unemployed, and the uninsured. In addition, it was reported that many other physicians, acting on their own, had treated patients at no charge or with special financial arrangements. Other media articles also praise the physician's role in provision of free medical care ("Physicians Help Pay for 50 Million without Adequate Health Insurance, " 1986). A study by Medical Economics found that physicians were motivated to provide free care by their "sense of social responsibility, a desire to continue the doctor-patient relationship, and to develop good will in their community in order to strengthen their medical practices," (Rosenberg, 1983).

We do know that before the turn of the century, Jewish philanthropists were credited with some of the most "innovative" techniques in fund raising (Bakal, 1979). These include single donations for use of multiple charities and matching gift programs. Jewish philanthropists also pioneered the technique of organizing campaigns into various business, trade and occupational sectors. Both the United Jewish Appeal and Federation of Jewish Philanthropies typically organize into distinct fundraising committees headed by specific trade groups or professions.

A Columbia University-based study on socialization of physicians noted that a high proportion of older first- and second-generation physicians have Jewish backgrounds (Colombotos, 1969). Eighteen percent of the physicians reported that they were brought up Jewish, as compared to 3% of the nation's population reported to be Jewish in a Bureau of Census study conducted in 1957. Other research has documented a predilection among American Jews to have their sons enter medicine, which is consistent with the more general "passion for education" among this population group (Greenley, 1963; Glazer & Moynihan, 1963; Davis, 1965, cited in Colombotos & Kirschner, 1986).

Given that Jews are over-represented among physicians, relative to the general population, one can assume that Jewish philanthropists must be heavily targeting these doctors of medicine for their support. Barry A. Kosmin, research director at the Council of Jewish Federations, Inc. in New York City (personal communication, August 5, 1986) responded to an inquiry about philanthropy among physicians, however, by saying that they "did not have this type of information by profession." He added that "the general feeling in the communal fundraising field is that doctors are not very generous," but he "did not know of any hard evidence or studies to back this kind of statement."

A number of arguments have been posed for why physicians do/do not give to charity. As young physicians, doctors have incurred sizeable debts and may have many start-up costs for private practice, which may preclude their giving. According to AMA Center for Health Policy statistics, the average medical student educational debt in 1985 was $30,256. First year residents carry a debt of 147% of their average stipend of $20,808. This compares with the ratio for attorneys whose average debt is 70% of their first year salary ($20,600), business school graduates with a 42% to $29,800 debt ratio, and Ph.D.'s at 43% to $27,500 (Hinz, 1986).
A young doctor respondent to the University of San Francisco study (Bubnic, 1987) writes:

"I'm in debt from medical school and my net worth is still a negative number. I get bitter when I see people working half as much as I do and living with a lot of money..."

Perhaps physician apathy can be attributed to a rationalization of "self-sufficiency"...the attitude of doctors that they "did it all" themselves and are entitled to extraordinary financial reward. Another survey respondent explains:

Doctors are notorious for being poor givers. There is an element of "catching up." I finished a grueling six years post-medical school training only three years ago now and the drive is to be good to myself, which unfortunately translates into egocentricity and selfishness and conflicts with the values I was brought up with.

The study of the charitable habits of Americans shows increased levels of giving whenever donors are also active as volunteers. The average work week of many physicians is 50-60 hours (American Medical Association, 1985) and most doctors take pride in their intense devotion to their practices. With little time for leisure and enjoyment, it makes sense that physicians would jealously guard their free time and would not be eager to volunteer. Again, doctors responding to the survey comment:

"The lifestyle and work responsibilities of a physician are very complex. Most doctors are extremely busy and their time is very valuable so they have to prioritize their activities."

and-

"During residency training, it is virtually impossible for me to do much else, especially with a family which is number one priority."

Since physician identities are so easily revealed by their occupational titles, one reason why doctors might frequently be seen as "not giving according to their means" could be that they are being heavily solicited and that their donations are spread out over a greater number of causes. A survey respondent comments:

> ***"Contribution requests are unending. Each week I receive at least 20-30 solicitations in the mail alone."***

Another explanation is provided by Scott Witt in his 1984 study of millionaires. He suggests that their ambivalence comes from a feeling that they "aren't really rich." "Giving to charity isn't a habit," he states, "because they don't appreciate how well off they are and are not comfortable giving away large sums," (Brophy, 1986).

The Making of a Physician

The relationship of physicians to matters of health, life, and death has elevated them to an exalted position of special status within our society. This status is not new. Even in ancient times, the Talmud noted that "He who saves one life is considered as if he has preserved the whole world."

Medical practice carries with it, "the myth of the selfless physician marshaling the forces of science for the welfare of his patients (Preston, 1986). Feelings of omnipotence and omniscience are often so striking an aspect of physician personalities, that they are practically a hallmark of the profession. The implied requirements for charisma and omniscience often lead physicians to believe that they should try to play God. "The physician's need to be loved, to be adulated, to feel superior is greater than most people. That may be why he chooses what would be called a God-given profession," (Townsend, 1974).

In industrial countries, young men and women who enter medicine are carefully selected from among the highest academic achievers and the strongest physical specimens. Society has impressed upon them that medicine is an exalted profession and that those who enter it should be both gifted and dedicated (Preston, 1981). Thus, they enter medical school recognized as achievers and secure in the belief that they are a special breed. By the time they graduate, they are convinced that they are on the brink of an outstanding and fulfilling life (Ginzberg, 1969; Ladou & Likens, 1977, Needleman, 1985). Even the AMA's handbook counsels prospective medical students that they will be "forever compensated for any sacrifices they have made and any hardships they have endured by the immense self-satisfaction which comes from saving lives and alleviating pain and suffering of their patients," (American Medical Association, 1970).

The Changing Practice of Medicine

The prediction by major health economists that the 1980's would produce major changes in U.S. medicine now seems quite real. Faced with the advent of alternative health care systems, the fiscal restraints now imposed by the federal government over Medicare, and the competition prompted by an increasing number of doctors, the future income of physicians will largely be determined by their response to the changing medical environment.

The reality of the 1980's is that for doctors completing their training and already in debt, solo practice is no longer a viable option for the future. More physicians will be working for hospitals, HMO's and ambulatory care centers than will be setting up private practices. Both the projected surplus of physicians and competition from others will influence how these young physicians practice medicine and will keep them from realizing the earning potential of their dreams.

In a 1984 survey of "Physician Attitudes on Health Care Issues," 62% of the physician respondents identified "developing a patient base" as the biggest potential problem facing young physicians starting a practice today (Freshnook, 1984). The AMA's Center for Health Policy Research found in a 1985 survey that 47% of physicians under 36 years old are now working for someone else in existing practice arrangements where patient base development has already occurred, even though physicians in private practice make 50% more money. However, women represent 45% of salaried employees and it is women who are most heavily represented among these younger physicians (Califano, 1986). This could explain the large percentage of medical professionals shifting from private practice. Overall, 25% of American doctors reported that they worked for employers such as hospitals or health maintenance organizations.

In other changes, we are witnessing a new surge in medical technology (both in scientific and computer fields), changes in hospital reimbursement policies with the advent of Diagnosis-related groups (DRG's), the growth of integrated health systems, and the beginning stages of a new world for consumers. "Corporate medicine" is radically changing the health care delivery system (Smith, 1983; Easterbrook, 1987; Ferber, 1987). Paul Starr (1982) calls it "the most important development in the institutional structure of medical practice since physicians rose to professional sovereignty in the early twentieth century." Tomorrow's patients will go to a "medical mall" and find everything that the competitive marketplace has to offer. Corporate doctors of the future are more likely to be generalists rather than specialists; they will be salaried rather than self-employed, and they will have to practice medicine that reflects the policies of management. Meanwhile, physicians in private practice will have to sharpen their business and marketing acumen in order to survive in the next decade.

Observations and Conclusions

There is no way to gather any other empirical research data on the subject of physician philanthropy. We have noted that most information available on the subject of charity deals with treatment without remuneration or "uncompensated medical care." We did find evidence that in the early 1900's, the medical profession responded to environmental opportunities which expanded institutional domains and secured their financial position and they were very much involved in philanthropic activities. Private medical philanthropy built many of the hospital and research facilities, provided fellowships for the training of scientists, subsidized rapidly expanding medical research programs, and helped to educate the public about the need for medical research. For heads of medical schools, clinical faculty members, and those engaged in medical research, it secured both their positions and the financial footing of American medical education.

In the 20th century, we noted that physicians move from a position of professional sovereignty to a medical system where the power has been moved away toward complexes of medical schools and hospitals, financing and regulatory agencies, pre-paid health plans and health care chains, and huge health conglomerates. Once again physicians may turn to philanthropy to "establish their domains" in response to an environment of competition from alternative health care delivery systems. Their growing concern for building and maintaining a medical practice base and improving their own personal image will cause them to look for ways to increase their visibility in their communities. This opens up many new opportunities for nonprofit groups to be the recipients of both individual and corporate physician support.

I. SUBJECT SAMPLING AND PROCEDURE

Approximately 17,000 physicians are licensed to practice medicine in the counties of San Francisco, Marin, Alameda, Contra Costa, San Mateo, and Santa Clara. A survey was designed to provide information on a representative population of 1,500 non-federal physicians residing in this six-county region of the San Francisco Bay Area. The mailing list of physicians, purchased from the California Medical Association, includes both members of the American Medical Association and non-members. It includes residents and fellows in training, administrators, clinical researchers, office, and hospital-based physicians. Retired physicians also participated in the study. The survey data, upon which this research is based, covered the 1985 calendar year and was gathered through mail surveys conducted from September 15-October 21, 1986.

The AMA physician masterfile, a database which is updated weekly and contains current and historic information on every doctor of Medicine in the United States, was accessed by the California Medical Association as a source of physicians for this study. The sample design utilized was a stratified, random sample with systematic computer selection from all major specialty groupings of the AMA Masterfile. The strata were defined by the primary medical specialty groupings of the AMA, types of medical practice (solo, group, hospital-based, and other), and the six geographical regions (counties) of the San Francisco Bay Area. The sample excluded all physicians in the government or military.

In addition to limiting the sample to non-federal physicians, the following exclusions were made after sample selection:

- physicians for whom no current address was available (mail was returned)
- physicians who had moved out of state or were no longer in the 6-county region

- physicians who returned the survey unanswered or who answered questions inappropriately (information from different tax year, etc.)
- physicians who were deceased

The final sample population was 1,451 physicians. The 531 physicians answering the survey represented a 37% response rate. The size of the random sampling and respondent populations was determined to be significant at the .05 level. Percentages calculated responses in this survey are subject to a sampling error of plus or minus four points. The probability is 95 chances out of 100 that the average for repeated samplings of the same population would be $\pm$ 4 percentage points of any of the figures obtained.

II. RESEARCH DESIGN

The survey was conducted with one basic instrument, a printed questionnaire. Three sets of identical address labels were purchased from the California Medical Association. Physicians received a cover letter stating the objectives of the study, a letter of support co-signed by two prominent Bay Area physicians (printed as the first page of the survey form) and a stamped, return envelope. To encourage response, a wallet-size 15% tip table was enclosed as a premium gift. The return envelopes were coded to record the responses and , 10 days after the first mailing, an identical survey instrument with a second cover letter was mailed to the non-respondents. Response envelopes were again coded and, after three days, a post card reminder was sent to all non-respondents in the group.

Questionnaires were anonymous in that only coded numbers identify respondents in the study. In analyzing and reporting the results for this study, physicians are grouped together by personal and professional characteristics to assure confidentiality.

III. INSTRUMENTATION

A copy of the survey instrument is included in the appendix of this paper. The questions were developed by the researcher to determine the relationship between specific personal and professional characteristics and the charitable giving patterns, preferences and peculiarities of physicians.

The survey questionnaire consisted of three distinct sections:

- **personal demographics** to collect information on physicians' sex, age, marital status household size, income level and net worth;
- **practice characteristics** to obtain information on sub-specialty, worksetting, hours spent in research, patient care and administration, source of referrals, and work satisfaction;
- **special topic questions** to provide information on charitable interests, number and kinds of gifts made to charity, amount of time volunteered in specific areas, motivations for monetary and volunteer support, and preferred methods of solicitation.

IV. DATA ANALYSIS

The data was entered into a MacIntosh™ Computer, using a professional, graphic, statistics utility, STATVIEW 512+. Descriptive statistics including frequency distribution, mean and mode were computed for the professional characteristics and personal demographics portions of the study. Contingency tables were used extensively to test the independence of categorical variables. Degrees of freedom and significance levels have been noted where appropriate.

I. PERSONAL DEMOGRAPHICS OF THE SAMPLE POPULATION

After three repeat mailings, there were 531 respondents and 920 non-respondents to the study for a 37% response rate. The sample included 433 males (83.9%) and 83 females (16.1%), with sexes of 15 subjects not indicated. Racially, the physicians were 89.1% Caucasian, 2.1% black, 6.8 % Asian, 0.4% East Indian, and 1.6% represented among other races. One quarter of the respondents had no religious affiliation, but the remaining were represented by Protestants (28.1%), Jews (29.5%), Catholics (11.5%), and other religious groups (5.3%).

Subjects ranged from residents and fellows under age 36 (17.5%) to physicians over age 65 and in retirement (15.7%). The age group 36-45 represented the mode and the weighted mean age was calculated to be 48.3 years. Seventy-eight percent of the physicians were married and 9.2% of them had physician spouses. Thirteen percent of the physicians were single, 7.1% were divorced or separated, and 1.2% were widowed. Forty-two percent of the physicians had one or more dependent children living at home and 72% reported that they had plans to finance the education of their children beyond high school. The weighted average income of physicians in this study was $107,850 and 49.3% of all physicians reported earnings in excess of $100,000. Physician net worth had a weighted mean of $557,000 and 25% of physicians were represented in the mode group in of net worth between $500,000 and $999,999. Thirteen percent of physicians had a net worth in excess of one million dollars.

Personal characteristics of survey respondents are compared to those of the total California physician population and summarized in Table 1.

TABLE 1

Personal Demographics, Respondents and Total California Physician Population (1985)

	% of Physician Population	
	Survey Respondents	California Physicians
SEX		
Male	83.9%	83.4%
Female	16.1	16.6
RACE		
White	89.1%	
Black	2.1	
Asian	6.8	
East Indian	0.4	
Other	1.6	
AGE GROUP		
Under age 36	17.5%	23.8%
36-45	30.9	30.8
46-55	20.0	20.5
56-65	15.8	16.4
Over 65	15.7	8.5
Average Age	**48.3 Yrs.**	
RELIGION		
None	25.6%	
Protestant	28.1	
Jewish	29.6	
Catholic	11.5	
Other	5.3	
MARITAL STATUS		
Single	13.3%	
Married (to non-physician)	69.2	
Married to Physician	9.2	
Divorced/Separated	7.1	
Widowed	1.2	
ANNUAL HOUSEHOLD INCOME, 1985		
Less than $40,000	8.5%	
$40,000-$59,999	13.6	
$60,000-$79,999	13.8	
$80,000-$99,999	14.8	
$100,000-$119,999	14.4	
$120,000-$139,999	12.2	
$140,000-$159,999	8.1	
$160,000-$199,999	6.9	
$200,000-$249,999	5.1	
$250,000 or more	2.6	
Average, Annual Income	**$107,850**	**$106,300**
HOUSEHOLD NET WORTH, 1985		
Less than $100,000	20.4%	
$100,000-$249,999	18.4	
$250,000-$499,999	22.4	
$500,000-$999,999	25.7	
$1,000,000-$1,999,999	9.4	
$2,000,000 or more	3.6	
Average, Net Worth	**$557,054**	

II. PROFESSIONAL CHARACTERISTICS

Ten percent of physicians identified their area of medicine as general or family practice, 42% were in medical specialties, 23.6% had chosen surgical specialties, and 25.5% worked in all other areas of medicine. For purposes of this study, 32 sub-specialties were coded and the ten highest-ranked specialties in terms of frequency distribution are compared, (Table 2), with data provided by the California Medical Association on California physicians licensed in these specialties.

TABLE 2

Comparison of Medical Specialty Distributions Among San Francisco Bay Area Physician Respondents and All Licensed California Physicians

	% of Total		Variance
	Physician Respondents	CMA Files	
Medical Specialty:			
General Medicine/Family Practice	9.7	13.2	-3.5
Internal Medicine	15.0	17.0	-2.0
General Surgery	5.7	6.0	-0.3
Pediatrics	9.1	6.0	+3.1
OB/GYN	4.5	6.0	-1.5
Radiology	3.4	5.0	-1.6
Psychiatry	10.5	7.0	-3.5
Anesthesiology	5.5	5.0	+0.5
Ophthalmology	2.7	3.0	-0.3
Orthopedic Surgery	3.6	4.0	-0.4
Pathology	1.5	0.3	+1.2

Data compared favorably with two notable exceptions:

- Influence of a major metropolitan area:

  In a geographical area that includes UCSF and Stanford Medical Centers, we would expect to find more secondary and tertiary specialists so it is not surprising to find pathologists over-represented (1.5% vs. 0.3%) in this group;

- Influence of high population of Jewish physicians:

  Studies of Colombotos and Kirschner (1986) have shown that Jews, passionate lovers of education, are over-represented in the profession of medicine and they gravitate toward large metropolitan areas. Colombotos & Kirshner also showed that Jewish doctors are over-represented in the fields of psychiatry and pediatrics. Cross-tabular analysis of the data supports this claim and reveals that, among respondents, Jewish doctors were over-represented both in Pediatrics (12.7 vs. 6.0%) and Psychiatry (10.1% vs. 7.0%). They were also under-represented in general and family practice medicine.

Thirty-eight percent of the physicians surveyed are in private practice while 7% are partners in non-group practice. Group practice provided the worksetting for 16.7% of Bay Area physicians in 1986. An additional 15.1% of physician respondents work for health maintenance organizations (HMO's), 9.8% work in hospitals, and 8.7% work in clinics or other unidentified work settings.

The patient base is built by referrals for 35.3% of the San Francisco Bay Area physicians, 29.7% of them rely on referrals from other physicians, and 34.9% derive their patient base from "other" sources. Many of the physicians in the last category were salaried employees or in preferred provider organizations where patients are routinely assigned to them through some random process.

Ten percent of the physicians reported that they were engaged in the practice of medicine for 10 or less hours per week, while 5.1% worked from 11-20 hours/week and 7% practiced medicine for 21-30 hours per week. Among these three groups, there are striking differences. Cross tabular analysis reveals that the first group (0-10 hours/week) is predominantly male (81.2%), and 93.1% of them are over 56 years of age. In the second group (11-20 hours/week), the physicians are also predominantly male (66.4%) and almost 40% of them are over 65. However, this group also represents a young female population. One-third of the physicians in this group are women under the age of 45. Sixteen percent of them have physician spouses and they have one or more dependent children. The third physician group (21-30 hours/week) is 75% male and 25% female. Only 15.6% of the males are over 65 years of age however, so this group represents physicians in early stages of retirement, who have begun to cut back on their hours. The third group also represents the highest population of women physicians (60.3%) under age 45, with one or more independent children.

One-fourth of the physicians fall into the mode grouping (41-50 hours of work/week) and another 20.6% put in 51-60 hour work weeks. Eighteen percent of the physicians worked in excess of 60 hours per week. The weighted average number of hours/week was 46.8.

A striking characteristic of physicians is that despite their unusually heavy workloads, 62.8% of them said they were working the right number of hours and only 6.2% thought they were working too many. The six percent response group was not necessarily the ones working the greatest number of hours. It appeared that some were physicians who were anticipating retirement and had already begun to cut down on workloads.

Forty-one percent of the physicians surveyed were on clinical faculties at UCSF (25.7%), Stanford (14.0%), or other undisclosed locations (3.1%). Less than seven percent of the

physicians were involved in clinical and laboratory research. In addition to their patient care load, 63.2% of all physicians reported spending 0-5 hours/week in administration, 30.7% put in 6-15 hours/week and 6.1% worked more than 15 hours/week in administrative procedures.

There was a strong correlation between number of work hours and physician worksetting ($p<.0001$) in this study. Eighty-five percent of the physicians in fee-for-service groups worked more than 40 hours /week and 57.3% of them worked more than 50 hours/week. In contrast, only 29.7% of hospital-based physicians , 38.1% of solo practitioners, 40.5% of partners in non-group practices, 45% of HMO doctors, and 48.2% of physicians in other clinic and undescribed practice environments worked over 50 hours per week. Professional characteristics of physicians are summarized in Table 3.

TABLE 3

Professional Characteristics of Physician Respondents

	% of Survey Respondents
Area of Medicine	
General/Family Practice	9.7%
Medical	41.2
Surgical	23.6
Other	25.5
Worksetting	
Solo Practice	30.8
Partner, Non-Group Practice	7.8
Fee-for-Service Group Practice	16.5
HMO	15.1
Hospital-Based	12.1
Other	9.8
N/A (Retired, Resident, Fellow, etc.)	8.7
Total Work Hours/Week	
10 hours/week or less	10.4
11-20 hours	5.1
21-30 hours	7.0
31-40 hours	14.2
41-50 hours	24.3
51-60 hours	20.6
61-70 hours	11.3
Over 70 hours	7.2
Referral Source	
Self-Referral	35.3
Referrals from other physicians	29.7
Other	34.9
On Clinical Faculty	
No	57.3
Yes - UCSF	25.7
Stanford	14.0
Other	3.1

III. KEY FINDINGS ON CHARITABLE GIVING BEHAVIORS OF PHYSICIANS

A. Demographic variables influencing giving.

1. Age

Generally, the study of physicians confirms the patterns of giving found in the Independent Sector study (1985) and other earlier surveys. Charitable giving tends to increase with age and as expected, physicians under 36 gave the smallest percentage (1.6%) of their income to charity. Physicians between 36-45 gave 2.2% and those in the 46-55 year age group averaged 2.4%. Doctors between the ages of 56-65 gave almost twice as much as the youngest age group but physicians over 65 were the most generous givers, with 3.9% of their annual income going to charity.

2. Sex

Among the respondents, males reported donating a slightly higher percentage of their annual income to charity compared to females (2.1%), but most women doctors were represented by the youngest groups and were at an age where physicians are just completing their training and beginning to start a medical practice.

3. Race

White physicians gave 2.5% of their income to charity and black doctors gave slightly more (2.6%). Asian doctors gave 2.2% of their income and physicians from all other races contributed 1.8%.

4. Religion

Giving as a percentage of annual income and by religious denomination was as follows: Physicians who did not belong to any religion (1.9% of their annual income), Catholic physicians (1.9%), Protestants (3.2%), Jews (2.3%) and other (2.9%). When characteristics of religious givers were analyzed, the only two

personal characteristics of physicians that were statistically significant for giving to religious organizations were age and religious denomination. As was expected, both frequency of giving and dollar amounts to religious charities increased with age. Slightly over half of the physicians in the youngest age group (54%) contributed to religious charities, while 75% of the physicians over age 65 made gifts in support of religious organizations. The youngest physician group had an an average size gift of $839 while physicians over age 65 contributed twice that amount, for a mean average gift of $1786. Catholic doctors, had the highest frequency of giving (90%), but they gave the smallest dollar amounts in size of religious gifts ($890). Protestants (72%) gave over twice as much ($2,083). Jewish physicians had a similar level of giving to Protestant doctors in terms of frequency of support (73%) but they contributed, a smaller amount for an average of $1662 in religious gifts. It is interesting to note that thirty-four percent of physicians who did not have a religious affiliation made a gift to a religious organization, for a mean average of $333.

5. Marital Status

The most generous physicians were widowed. In terms of percentage of annual income, they gave three times (5.9%) the amount that was given by single physicians (2.0%) annually to charity. Physicians who were married to someone other than a physician gave 2.5%, while doctors who married physicians and those who were divorced or separated gave 2.1%. It should be noted that the trend for physicians to marry physicians is an outgrowth of the recent entry of women into the profession. In this study, women physicians were five times more likely to be married to doctors than their male counterparts and these women were generally found in the youngest age groups.

6. Household Size

As with other studies, the presence of children was associated with an increase in overall giving to charities. Physicians who were single occupants of the house gave $2056 (2.5% of annual income) to charity while those who had five or more in their household, gave $3425 (3.1%) in total annual gifts.

B. Size and frequency of gifts

The findings of this study show that the act of charitable giving among physicians is much more prevalent than is generally recognized. Fully 100% of the physician respondents had made a monetary contribution to charity in 1985. As might be expected, there was a strong correlation between level of physician income and donations to charity, in terms of both percentage of annual income and total dollar gifts ($p<.0001$). Weighted means were obtained for each level by calculating the mid-point of the range for each variable and multiplying by the physician count for that variable. The mean total amount to charity is the sum of the total of each variable divided by the total physician count. The weighted average for gifts to charity by San Francisco Bay Area physicians is $2,691. Thirty percent of all physicians made gifts between $1,000 and $3,000. Another 31% of physicians gifts were in excess of $3,000. Table 4 summarizes the total dollar amounts given to charity in relation to annual income.

Physicians gave an average of 2.5% of their annual income to charity in 1985. Forty-five percent of the physicians gave one percent or less but 30% of the physicians gave 3% or more to charity. Table 5 summarizes total charitable giving as a percentage of annual income. One of the noteworthy findings of the study is the *quantity* of gifts made by physicians. We've seen that physicians have contributed 2.5% of their annual income for

TABLE 4

San Francisco Bay Area Physician Philanthropic Support by Annual Household Income and Size of Total Contribution (1985)

Size of Contribution	% of Physician Givers	Mean Total Charitable Gift Per Income Level
Less than $40,000	-	**$1050.00**
Less than $100	11.8	
$100-$249	26.2	
$250-$499	21.4	
$500-$999	11.9	
$1000-$2999	14.3	
$3000-$4999	9.5	
$5000-$6999	4.8	
$7000 or more	0.0	
$40,000-$99,999	-	**$2079.00**
Less than $100	2.8	
$100-$249	10.3	
$250-$499	16.4	
$500-$999	19.6	
$1000-$2999	30.4	
$3000-$4999	10.3	
$5000-$6999	6.1	
$7000 or more	4.2	
$100,000-$139,999	-	**$2968.00**
Less than $100	0.0	
$100-$249	4.5	
$250-$499	5.2	
$500-$999	14.9	
$1000-$2999	38.1	
$3000-$4999	20.2	
$5000-$6999	10.5	
$7000 or more	5.3	
$140,000-$199,999	-	**$3811.00**
Less than $100	0.0	
$100-$249	4.5	
$250-$499	5.2	
$500-$999	14.9	
$1000-$2999	38.1	
$3000-$4999	20.2	
$5000-$6999	10.5	
$7000 or more	5.3	
$200,000 or more	-	**$4556.00**
Less than $100	0.0	
$100-$249	2.6	
$250-$499	10.3	
$500-$999	5.1	
$1000-$2999	25.6	
$3000-$4999	15.4	
$5000-$6999	23.1	
$7000 or more	18.0	

TABLE 5

Total Charitable Giving As A Percentage of Annual Income

% of Annual Income Given to Charity	% of Physician Respondents Contributing Charitable Support
Less than 1%	21.0
One percent	24.8
Two	20.0
Three	11.5
Four	8.1
Five	5.4
Six per cent or more	9.1

TABLE 6

Relationship of Physician Total Contribution to Charity and Total # of Gifts.

Total Contribution To Charity	Weighted Average Number of Gifts	% of Physicians Per Level of Gift
Less than $50	1.0	0.3
$50-$99	4.9	2.0
$100-$249	5.5	8.7
$250-$499	8.9	12.7
$500-$999	9.8	16.0
$1000-$2999	13.2	31.3
$3000-$4999	19.7	13.7
$5000-$6999	28.1	8.7
$7000-$8999	34.9	3.3
$9000 or more	64.7	3.3

an average of $2,691, but the data suggests a much higher frequency of giving than we might anticipate. The weighted average number of gifts per physician is 15.8 (the mode was 6-10 gifts). The average overall size of gifts is $170. Given the size and frequency of gifts, it becomes apparent that physicians are supporting more than one charity for some areas of philanthropy. Moreover, as income levels and total contributions to charity increase, physicians have a greater to increase the number (rather than the size) of their gifts. Thus, physicians who made a mean contribution of $8,000 to charity gave a total of 35 gifts for an average of $228 per gift. Table 6 summarizes number of gifts to charity by size of total contributions.

C. Professional characteristics influencing giving.

In the earlier study, data were analyzed to show the frequency and mean contributions by type of charity (United Way, health agency, hospital campaign, religious groups, social welfare, public radio and television, arts and culture, medical schools, schools and colleges, environmental groups, international charities, and miscellaneous groups). Relationships were developed between giving to each of areas of philanthropy and physician groups and the statistical test of independence of categorical variables was administered to detect the influence of professional characteristics (income, worksetting, and medical specialty) on charitable giving. Data analysis for each of the areas of giving are included in the appendix (A-D) but the discussion in this paper will continue to focus on overall charitable giving.

1. Income

As we expected, physician incomes increased with age and doubled between the third and fourth decades of life, during which time physicians have completed their formal training and established themselves in practice. Along with the increase in income, an increase in charitable dollars was reported for physicians in this study. Physicians in the 56-65 year old category include those who were

semi-retired and a drop in income was noted. In the category of physicians over age 65, slightly over one-fourth are retired and a decrease in income is also reported. In both categories however, both dollar amounts and percentage of annual income to charity continue to increase. Results are summarized in Table 7.

TABLE 7

Relationship of Age Group and Income Level to Charitable Giving

		Total Amount to Charity	
Age Group	**Mean, Annual Income**	**Dollar Amount**	**% of Annual Income**
Under 36	$ 59,600	$1239	1.5%
36-45	110,600	2315	2.3
46-55	129,900	2991	2.5
56-65	*119,200	3456	3.0
Over 65	**155,200	3957	4.3

* includes salaries for physicians who are semi-retired

** does not include salaries for the 15% of physicians who are retired

TABLE 8

Influence of Worksetting on Charitable Giving

		Total Amount to Charity	
Type of Practice	**Mean Annual Income**	**Dollar Amount**	**% of Annual Income**
Solo Practice	$100,600	$2728	2.7%
Partner, non-group	113,500	2837	2.7
Fee-for-Service Group	133,100	3182	2.4
HMO	129,000	3016	2.3
Hospital-based	101,400	1904	1.9
Other	83,800	1580	2.0

2. Worksetting

Physicians in fee-for-service group practices scored highest in frequency of participation for more areas of philanthropy than for physicians in any other worksetting; they were followed in order by physicians in non-group partnerships and in solo practices. Salaried physicians, who provide the least amount of uncompensated medical care, gave more charitable dollars than physicians in any other worksetting for 7 out of 12 areas of philanthropy and would have easily been the largest providers of overall support , were it not for the fact that their support of hospital campaigns is so minimal. Differences in charitable donations were at least in part, attributed to the variations in annual income associated with the different worksettings. Physician giving closely paralleled their income levels in all areas except for solo practice where physicians who ranked fifth in annual income were third in total charitable contributions. A different rank-order emerges, however, when physician charitable dollars are considered in relation to percent of annual income given to charity. Physicians in solo practice and non-group partnerships ranked first in overall contributions (2.7% of their annual income). Most heavily dependent on patient referrals, they also exhibited the most charitable behaviors. Fee-for-service physicians (most likely to receive referrals from other physicians) and salaried physicians (not at all dependent on building a patient base) followed with overall annual contributions of 2.3-2.4%. Physicians in hospital-based practices contributed 1.9% of their annual income and those in clinics, ambulatory care centers, and in private industry gave 2.0%. Findings are more consistent with their lower annual earnings and the fact that the success of their medical practice is not dependent on building a patient base. Results are summarized in Table 8.

3. Medical Specialty

Surgeons had the greatest frequency of participation over any group for health, hospital and religious charities; they had the least support for public radio and television. Surgeons made the largest dollar contributions to 10 out of 12 areas of philanthropy, but their generosity appears to be proportional to income level. There were significant differences in incomes among medical specialties but physicians in general and family practice, medical and surgical specialties all contributed between 2.4-2.6% of their annual income to charity. Only physicians in "other" non-patient specialties contributed less (2.2%) than the average amount. Table 9 summarizes the influence of medical specialty on charitable giving.

TABLE 9

Influence of Medical Specialty on Charitable Giving

		Total Amount to Charity	
Area of Medicine	**Mean, Annual Income**	**Dollar Amount**	**% of Annual Income**
General & Family Practice	$ 85,400	$2410	2.5
Medical Specialty	$103,600	2501	2.4
Surgical Specialty	131,500	3396	2.6
Other	108,600	2400	2.2

D. Influence of religious giving on overall charitable behavior.

Sixty-four percent of all physicians gave to religious organizations compared to 70% of the general population. The Independent Sector 1985 study showed that Americans contribute 54-80% of their total charitable dollars to religious charities and 20-46% to all other causes combined. Religion tends to influence overall giving to charity and religious givers were more generous to all other charities than the non-givers.

Among physicians, however, a different pattern emerges. Doctors gave 32% of their overall contributions to religious charities and 68% to non-religious organizations. Giving to religion increased only moderately with increases in annual income and did not increase as a percentage of physician overall giving except for the physicians in the at the highest giving levels. There was some evidence of tithing seen among the most substantial givers to religion. Unlike the other categories of physicians, their gifts to religious organizations represented 88-100% of their overall giving.

There was no indication that religious giving influenced overall giving to charity. The greater the percentage of annual income given to charity among doctors, the more likely they are to include religion in their giving. As total contributions to charity increase, however, the mean contribution to religious causes increases but the proportion of dollars given to religious charities remains a constant among physicians at any given level. All of the findings seem to indicate that for medical professionals, religion causes are simply not the first priority of giving. Among the low level of physician givers (1% or less of annual income), givers to religion (51%) and non-givers (49%) are equally divided. At the two percent level, 65% have given to religion and 35% have not. In the category of physicians giving 3% or more of their income to charity , 84% have given to religion and 16% have not.

IV. CONCLUSIONS

The data set, rich in information, offers many new clues on motivations and giving behaviors of physicians. Among the principle findings of the study:

- **Physicians are far more charitable than is generally recognized**. 100% of the physician respondents made charitable contributions in 1985, (compared to 89% of all Americans), for an average of $2,691 in charitable dollars. Physicians' charitable interests extended to all areas of philanthropy.

- **Percentage of physician annual income donated to charity is slightly higher than that of the general population of Americans**. While Americans gave 2.4% of their income to charity, physicians gave an average of 2.5% in 1985. Thirty-four percent of the physicians gave more than 3% of their annual income and 15% gave five percent or more. In the Independent Sector study (1985), 26% of Americans gave more than 3% of their annual income and 13% gave 5% or more. Twenty-one percent of the physician respondents contributed less than one percent of their annual income, compared to 20% of the American population at the same giving level.

- **The philanthropic interests of physicians extend to many areas outside of hospital and health-related causes.** Social welfare causes were actually the most frequent recipients of physician gifts (74% of all respondents) and religious charities accounted for the largest dollar contributions ($1510). While hospitals ranked third in size of gifts, ($523), only 43 % of all physicians made gifts to hospital campaigns. Health- related charities were

supported by 69% of all physicians. Health charities were 8th in average size of gift ($341), but second most popular in terms of frequency.

- **Physicians show a pattern of giving to a large number of agencies.** Physicians gave a mean of 16 gifts to charity in 1985, with an average size gift of $168. Since giving patterns were defined by 12 types of charitable organizations for purposes of this study, this would indicate that doctors are making more than one gift in some areas.

- **Physicians have a "comfort level" of giving and are more inclined to make additional gifts to charity as total giving increases, than to make singular, large gifts.** Rather than giving larger gifts to a select number of charities, we found that the number of physician gifts increased with total dollar contributions at almost twice the rate that individual gift sizes (dollar amounts) increased. The mean average of giving was $2691 or 16 gifts per physician at an average of $165 each. Physicians at higher total gift levels ($8,000 or more per year) made 35 gifts to charity at an average of $228 per gift. This trend was seen for all levels of total charitable giving in excess of $1,000 per year and is probably the result of heavy solicitations to physician groups.

- **For physicians, there was no strong relationship between giving to religion and giving to other charities.** There were many indications that religion was not the first priority of giving among physicians nor was it a major determinant in physician overall charitable behavior. Compared to the general population, fewer physicians were members of organized religion, there was a smaller frequency of giving to religious organizations among physicians, and

doctors gave the largest proportion of their gifts to non-religious groups. Less than 32% of their charitable dollars went to religious organizations, but this is consistent with findings of the Independent Sector (1985) that factors such as occupation and level of education are linked indicators to differences in the proportion of total contributions given to religion. Persons with advanced degrees and in professional jobs give a lower percentage of their contributions to religion.

- **Frequency of giving among physicians was greater than large donors of the general population for all charities except the two most involved with systematized methods of fund raising: religion and United Way**. Since giving to non-religious causes represents such a disproportionate amount of their charitable dollars, it is clear that religous convictions do not influence physician giving in other areas. Perhaps their long work hours do not allow physicians to attend religious services regularly or the strength of their scientific beliefs has resulted in a lesser need to believe in organized religion.

Physician giving to United Way campaigns actually decreases with increases in annual income. This is probably due to the fact that the highest income groups are most likely to include physicians who are self-employed and United Way campaigns have not yet penetrated the workplaces of small businesses. With lack of exposure to payroll deduction solicitations, physicians have indicated no sense of appreciation for the convenience of this type of giving either in their dollar pledged or by their frequency of participation.

- **Giving to a "worthy cause" ranked highest among physician motivations.** Over 64% of physicians chose to support a cause because it was worthy, they had close involvement, it helped the poor and needy, or it did reputable work. Unlike the general population of Americans, convenience of payroll deduction and serving many causes were of relatively low importance. This is consistent with other expressions of low levels of activity with United Way campaigns among physician populations.

- **There were many indications that physicians are already being heavily solcited by nonprofit groups.** When asked why they didn't give more to charity, over 85% of the physicians responded that they "couldn't afford it" or "would rather spend their money in other ways." Cross tabulations of the data revealed that these physicians had already given 2.3-2.6% of their annual income to charity. Only 1.9% of the physicians responded that they "were not asked," compared to 14% of Americans in the general population study ...another indication that physicians are being heavily solicited. Physicians who responded to "didn't get to it" or "charity not deserving of support" (less than 4% of the doctors) gave below the physician average (1.7-1.9%) in charitable dollars.

- **The best form of solicitation among physicians is to be asked personally by someone they know well.** Almost one-fourth of the physician respondents rated "being asked by someone they know well," as their preferred method of solicitation. Just as in other studies of the general population of Americans, this confirms that the best form of solicitation is one-on-one. Receiving a letter and being asked at work ranked as second (16%) and third (13%) preferences for solicitation methods. Physicians responded much

less preferably to receiving a phone call, someone coming to the door, telethons, public service announcements, and television and radio commercials.

- **There is a higher rate of giving among physicians who volunteer and this amount of giving increases with the amount of volunteer participation**. The mean contribution of physician respondents who volunteered was $2,832 compared to $1,445 among physicians who did not volunteer. Contrary to common belief, physicians who volunteered more than 10 hours/week of their time made substantially larger dollar contributions ($4,255) than all other groups. Physician volunteer work involved far more than treatment of the medically indigent. Just as with their charitable dollars, it extended to all areas of philanthropy.

- **Women physicians will have a significant impact on the patterns of giving among medical professionals**. One-third of the physicians in the "under 36 years" category were women, compared to only 6% women in the 46-55 year age group. When compared to their male counterparts, the women were significantly more charitable than the men. The overall charitable giving of women was 2.9% of their total income. Women in the two youngest age groups gave an average of 2.5% to charity while male physicians contributed 1.5 and 2.2%. By 1990, there will be a 77% increase in women physicians over the number of those who were in the field in 1980. Women doctors, when they marry, are far more likely than their male counterparts to be attracted to professionals of similar social and economic status. They will have more disposable income, will opt for shorter work hours, and will have greater flexibility in their lives. As they establish themselves in medicine, they are likely to be the most generous of all physician givers.

RESEARCH IMPLICATIONS

We have shown that a number of factors combine to motivate physicians to contribute to charity. Unlike many Americans who say they were "never asked," physicians provide clear indication that they are being heavily solicited by many charities. Physicians respond to the numerous appeals by providing small gifts to a large number of agencies.

Physician motivations for giving are also different. Twice as many physicians (24%) rated "worthy cause, interest in function of the charity, helping one of my favorite groups" as their primary reason for giving to charity compared to 13% of the general population. Americans favor "helping the poor, needy, and less fortunate." "Convenience of payroll deduction," which was also highly rated by the general population, is relatively insignificant to physicians. Systematized methods of fundraising such as payroll deduction campaigns are largely undeveloped among physician populations.

The original study has shown that certain socialogical and political ideologies of medical professionals combine to influence the types of charities in which physicians are most likely to be involved. Findings from the full, comprehensive study further indicate how physicians differ among themselves in patterns and practices of charitable giving and volunteering. Patterns of giving show that physicians who have a high-level of interaction with patients (as opposed to those physicians in non-patient specialties) tend to exhibit the most charitable behaviors. Those physicians who are heavily dependent on patient referrals from the community also have a higher level of participation in charitable activities.

Further analysis of the research data will establish detailed, composite profiles of the "givers." Using multivariate analysis techniques, we can identify and describe the specific sub-markets for

each of the areas of philanthropy. The following examples of physician giving patterns demonstate the unique profiles that emerge among doctors for their charitable behavior toward different types of charities. The composite profiles described represent physicians who have donated $100 or more in these areas:

Environmental groups: Over-represented in support by women, persons between the ages of 36-45, with no religious affiliation, in medical specialties, and involved in direct patient care. They give two or more percent of their annual income to charity and make an average of 16 or more gifts. Decrease in support among Protestants, Jews, Catholics and those over age 65.

Hospitals: Over-represented by East Indian doctors, Protestants, Jews, physicians between the ages of 46-65, married, married to a physician, with five or more in the household, in surgical specialties, earning in excess of $140,000 per year, in fee-for-service group practices, and making 16-50 gifts per year to charity. Decrease in support among those under age 36, with no religious affliation, single physicians, general and family practice physicians, HMO doctors, physicians working in hospitals, those providing less than 50 hours/week in patient care, and making less than $40,000 per year.

Public radio & television: Over-represented by Caucasians, persons between the ages of 36-55, married to a physician, divorced, separated, or widowed, with combined family incomes in excess of $100,000, in medical specialties, fee-for-service, and HMO worksettings, contributing 2% or more in annual income and making 11 or more gifts to charity; Decrease in support among single physicians, Jews and Catholics, Blacks, persons over age 55, physicians in hospitals and clinics.

United Way: Over-represented by white males, Protestants and Jews, those between age 36-55, married physicians with five or more people in the household, making $100,000-$139,000, in medical specialties, HMO worksettings, giving 4% or more of their annual income to charity, and making 21-200 gifts. Decrease in support among female physicians, Asians, Catholics, those under 36 or over 65, single physicians, those making less than $40,000 per year, in surgical specialties, giving less than 1% of annual income to charity, and making 10 gifts or less each year.

Arts and Cultural Groups: Over-represented in support by white males, Jewish doctors and those with no religious afflilation, physicians between ages 45-65, married and widowed physicians, those in medical specialties, earning $100,000 or more, physicians working 10-30 hours per week, in fee-for -sevice group practice, HMO worksettings, giving 2% or more annually to charity, and making more than 11 gifts each year. Decrease in support among Catholics, those between 36 and 45, surgeons, those working more than 50 hours per week, single, divorced, or separated physicians, doctors with five or more in the household, making less than $100,000 per year, physicians contributing one per cent or less to charity, and those making less than 10 gifts.

Everyone is already asking physicians for money. Professional fundraising staff and volunteers must learn that it is no longer effective to "blanket" the medical community with charitable solicitations and expect their support. Physicians respond to be solicited by someone they know well and should respond best when solicited by their own colleagues or in areas where they have a personal interest. Closer targeting of the physician donor market will enhance the effectiveness and efficiency of those nonprofit agencies seeking to establish or maintain a base of financial support. Identification of physician donor prospects based on personal and

professional characteristics rather than solely on occupation will uncover new and better opportunities for charitable gifts.

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Appendix A.

Average Physician Contribution by Income Level

Weighted Average, Contributions (Dollar Amount)

	TOTAL	UNITED WAY	HEALTH CHARITIES	HOSPITAL CAMPAIGNS	RELIGIOUS GRPS.	SOCIAL WELFARE	PUBLIC TV/RADIO	ARTS & CULTURE	MEDICAL SCHOOLS	SCHOOLS/ COLLEGES	ENVIRON-MENTAL GRPS	NTERNAT'L GRPS.	MISC. GRPS.
INCOME LEVEL													
Less than $40,000	**$1050**	$63	$122	$81	$1108	$219	$50	$110	$161	$166	$104	$45	$134
$40,000-$99,999	**2079**	216	255	285	1120	256	70	153	266	386	143	183	486
$100,000-$139,999	**2968**	341	347	429	1419	455	111	329	371	376	151	149	791
$140,000-$199,999	**3811**	278	379	889	2118	587	143	427	340	727	238	150	1192
$200,000 or more	**4556**	201	873	219	2965	653	124	963	328	754	282	528	750
Average	**$2892**	**$220**	**395**	**581**	**1746**	**434**	**100**	**396**	**293**	**481**	**184**	**211**	**671**

Percentage of Physician Support

Less than $40,000	**100%**	39.0	56.1	22.0	50.0	65.9	47.6	53.7	34.0	39.0	41.5	24.4	22.5
$40,000 - $99,999	**100**	51.6	68.1	50.0	62.9	74.6	61.3	55.2	47.2	51.4	57.1	47.4	23.0
$100,000-$139,999	**100**	56.7	73.9	46.6	70.1	83.6	60.4	64.9	64.2	52.2	62.7	41.8	22.1
$140,000-$199,999	**100**	54.7	77.3	61.3	65.3	76.0	68.0	70.7	64.0	56.0	54.7	40.0	14.9
$200,000 or more	**100**	61.5	74.4	66.7	74.4	69.2	74.4	71.8	66.7	66.7	46.2	48.7	33.3
Average	**100**	**52.7**	**69.4**	**49.3**	**64.5**	**73.9**	**62.3**	**63.3**	**55.2**	**53.1**	**52.4**	**40.5**	**23.2**

Appendix B.

Average Physician Contribution by Worksetting

Weighted Average, Contributions (Dollar Amount)

	TOTAL	UNITED WAY	HEALTH CHARITIES	HOSPITAL CAMPAIGNS	RELIGIOUS GRPS.	SOCIAL WELFARE	PUBLIC TV/RADIO	ARTS & CULTURE	MEDICAL SCHOOLS	SCHOOLS/ COLLEGES	ENVIRON-MENTAL GRPS	INTERNAT'L GRPS.	MISC.
WORKSETTING													
Solo Practice	**$2728**	314	323	583	1659	428	98	254	434	395	137	149	1011
Partner, Non-Group	**2837**	131	114	1103	1695	719	44	307	473	714	398	283	681
Fee-for-Service Group	**3182**	142	431	634	1592	370	97	383	299	472	203	203	706
HMO	**3016**	323	589	147	1915	464	124	421	332	394	125	134	975
Hospital	**1904**	124	160	335	885	186	76	387	222	350	144	264	685
Other	**1580**	345	169	278	901	265	60	193	537	376	221	101	617
Average	**$2541**	**230**	**298**	**246**	**435**	**405**	**83**	**324**	**383**	**450**	**205**	**189**	**779**

Percentage of Physician Support

Solo Practice	**100%**	52.8	67.1	54.0	65.4	76.4	63.4	61.5	55.9	50.3	54.4	40.0	22.8
Partner, Non-Group	**100**	54.1	75.7	59.5	64.9	86.5	43.2	51.3	37.8	54.1	37.8	29.7	11.4
Fee-for-Service Group	**100**	54.7	80.2	57.6	75.3	73.3	64.0	66.3	61.6	60.5	58.1	45.3	20.2
HMO	**100**	58.2	68.4	39.2	64.6	74.7	69.6	63.3	54.4	43.0	67.1	46.8	11.7
Hospital	**100**	48.4	62.5	53.1	48.4	78.1	66.7	65.1	65.1	61.9	62.9	44.4	38.7
Other	**100**	40.4	67.3	30.8	63.5	65.4	44.9	50.0	32.7	44.2	44.2	48.1	26.9
Average	**100**	**51.4**	**70.2**	**49.0**	**63.7**	**75.7**	**60.0**	**60.6**	**51.2**	**52.3**	**53.1**	**42.3**	**22.1**

Appendix C.

Average Physician Contribution by Area of Medicine

Weighted Average, Contributions (Dollar Amount)

	TOTAL	UNITED WAY	HEALTH CHARITIES	HOSPITAL CAMPAIGNS	RELIGIOUS GRPS.	SOCIAL WELFARE	PUBLIC TV/RADIO	ARTS & CULTURE	MEDICAL SCHOOLS	SCHOOLS/ COLLEGES	ENVIRON-MENTAL GRPS	NTERNAT'L GRPS.	MISC.
AREA OF MEDICINE													
General/Family Practice	**$2256**	341	219	85	1750	800	70	148	183	271	90	90	175
Medical Specialty	**2501**	232	329	321	1409	332	101	323	277	322	133	181	778
Surgical Specialty	**3396**	236	331	695	2081	536	122	408	402	703	196	427	1131
All Other Specialties	**2400**	261	321	475	1165	229	83	269	415	494	165	126	582
Average	**$2676**	**269**	**300**	**585**	**1601**	**474**	**94**	**287**	**319**	**448**	**155**	**206**	**667**

Percentage of Physician Support

General/Family Practice	**100%**	54.2	64.6	31.2	50.0	62.5	60.4	54.2	37.5	37.5	47.9	29.2	10.9
Medical Specialty	**100**	54.2	72.9	52.5	65.5	76.8	62.9	60.9	55.9	55.9	61.7	47.0	20.6
Surgical Specialty	**100**	53.0	76.1	59.0	71.6	76.9	55.6	61.5	51.3	44.4	44.0	31.0	17.7
All Other Specialties	**100**	49.6	62.6	46.7	63.7	78.9	65.0	65.0	61.0	59.3	60.2	51.2	32.5
Average	**100**	**52.8**	**69.2**	**47.4**	**62.7**	**73.8**	**61.0**	**60.4**	**51.4**	**49.3**	**53.5**	**39.6**	**20.4**

Appendix D. Statistical Test of Independence of Categorical Variables

Influence of Professional Characteristics on Charitable Giving

	Degrees of Freedom (df)	X^2	Significance (p Value)
ANNUAL INCOME			
United Way	25	39.3	*.0336
Health		53.2	**.0008
Hospitals		62.8	**.0001
Religious Charities		34.1	.1048
Social Welfare		40.4	*.0266
Public Radio & TV		45.6	**.0071
Arts & Cultural		57.8	**.0002
Medical School		53.9	**.0007
Schools & Colleges		47.0	**.0049
Environmental Groups		35.1	.0867
International Groups		26.3	.391
Miscellaneous Groups		25.9	.414
WORKSETTING			
United Way	30	39.9	.1061
Health Charities		44.7	*.041
Hospitals		62.5	**.0005
Religious Charities		76.4	**.0001
Social Welfare		30.1	.4558
Public Radio & Television		36.7	.1867
Arts & Cultural		52.6	**.0064
Medical School		42.8	.06
Schools & Colleges		39.1	.1234
Environmental Groups		45.3	*.0359
International Groups		15.3	.9876
Miscellaneous Groups		31.3	.3977
AREA OF MEDICINE			
United Way	15	9.3	.8572
Health Charities		17.0	.3165
Hospital Campaigns		28.3	*.0198
Religious Charities		26.1	*.0368
Social Welfare		15.8	.3987
Public Radio & TV		14.5	.4905
Arts & Cultural		13.1	.5978
Medical School		25.9	*.0389
Schools & Colleges		21.5	.12
Environmental Groups		20.2	.1623
International Charities		32.9	**.0047
Misc. Groups		22.2	.1014

*$p < .05$. **$p < .01$.